The Continuum of Care for Addictive Disorders

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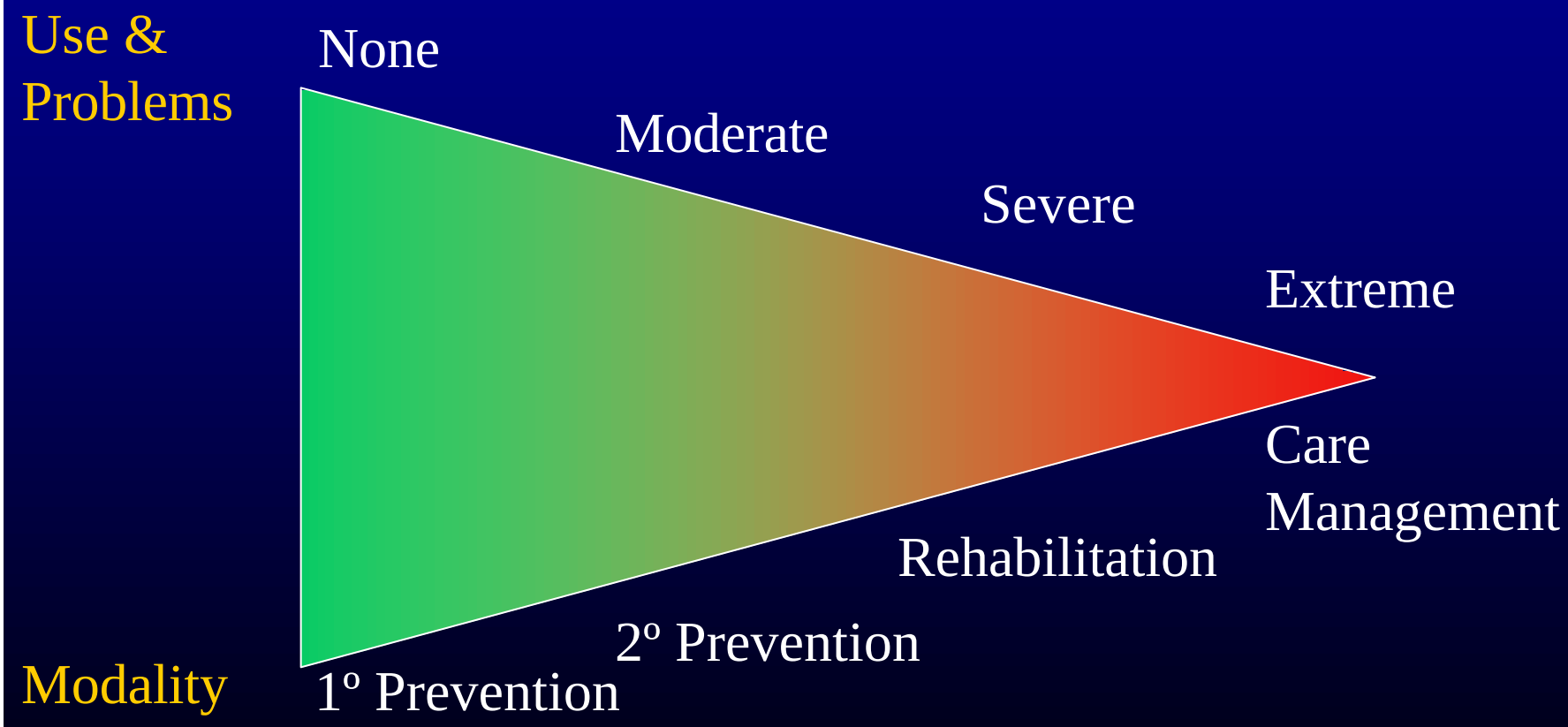
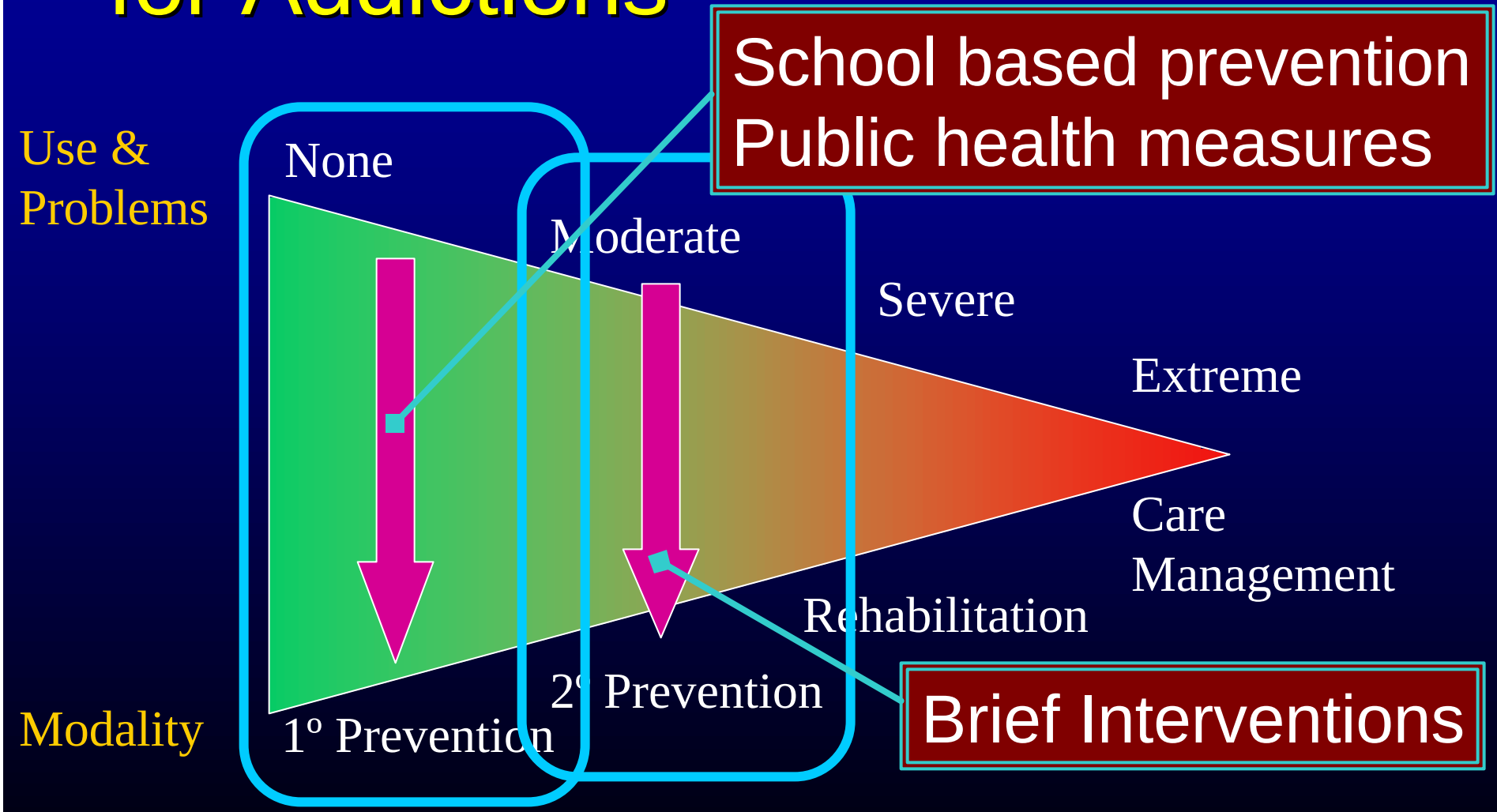
Continuum of Care for Addictions



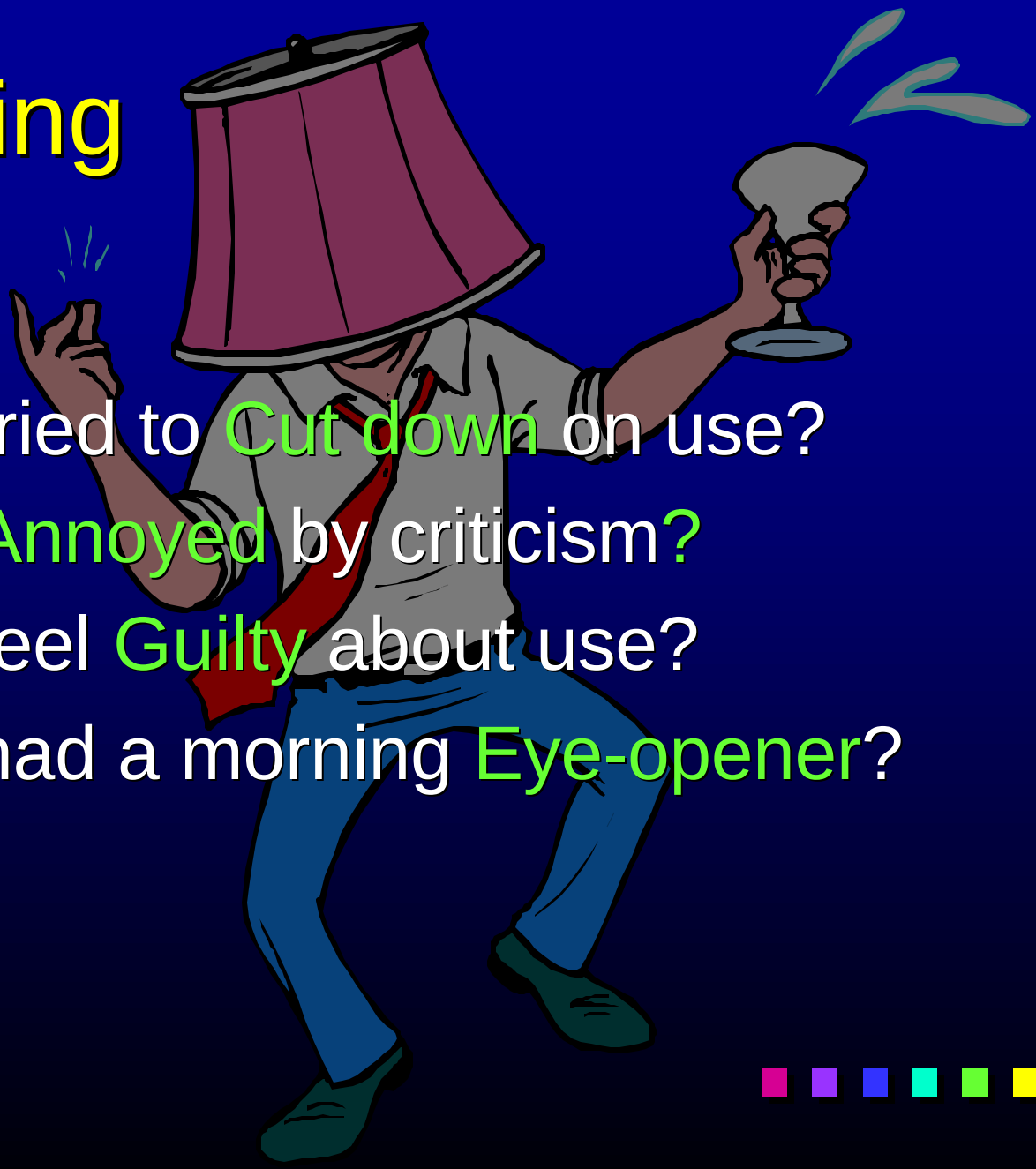
Continuum of Care for Addictions



Screening

- Screen routinely
- Quantity-frequency
  - Standard drink: 1 beer, 1 shot, 1 glass
  - <14/week males, <7/week females
  - Drinking or using days
  - Maximum drinks per occasion

Screening



- CAGE:
  - Ever tried to Cut down on use?
  - Ever Annoyed by criticism?
  - Ever feel Guilty about use?
  - Ever had a morning Eye-opener?

AUDIT-C

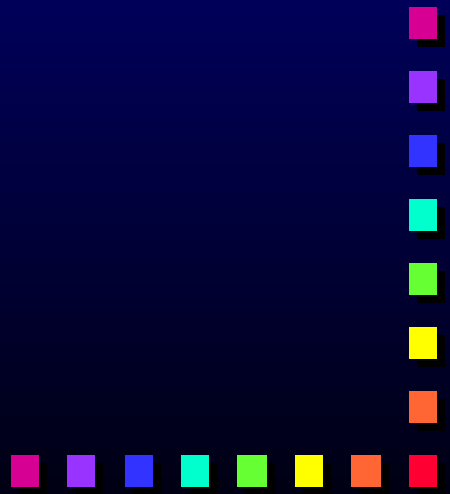
- How often do you have a drink containing alcohol?

0. Never
1. Monthly or less
2. 2-4 x/month
3. 2-4 x/week
4. ≥ 4x/week

AUDIT-C

- How many drinks containing alcohol do you have on a typical day when you are drinking?

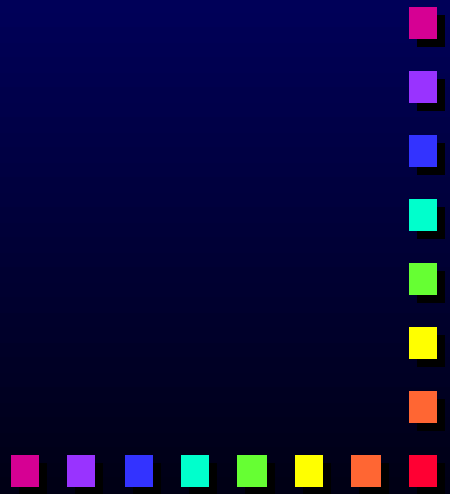
0. 1-2
- 3-4
- 5-6
- 7-9
- 10+



AUDIT-C

- How often do you have six or more drinks on one occasion?

0. Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily



AUDIT-C Scoring

- ≥ 6 is highly predictive of:
  - Hazardous drinking,
  - Harmful drinking, or
  - Alcohol dependence

Screening

- Persistent problems (=Abuse)
  - legal
  - interpersonal
  - financial
  - employment
  - health

DSM IV Dependence

- Common Features:
  - Maladaptive pattern of use
  - Clinically significant impairment or distress
- + 3/7 criteria w/i 12 mo period

Dependence focus 1:

Loss of control (4)

- Larger amts or longer time
- Persistent desire or unsuccessful attempts to control

Dependence focus 1:

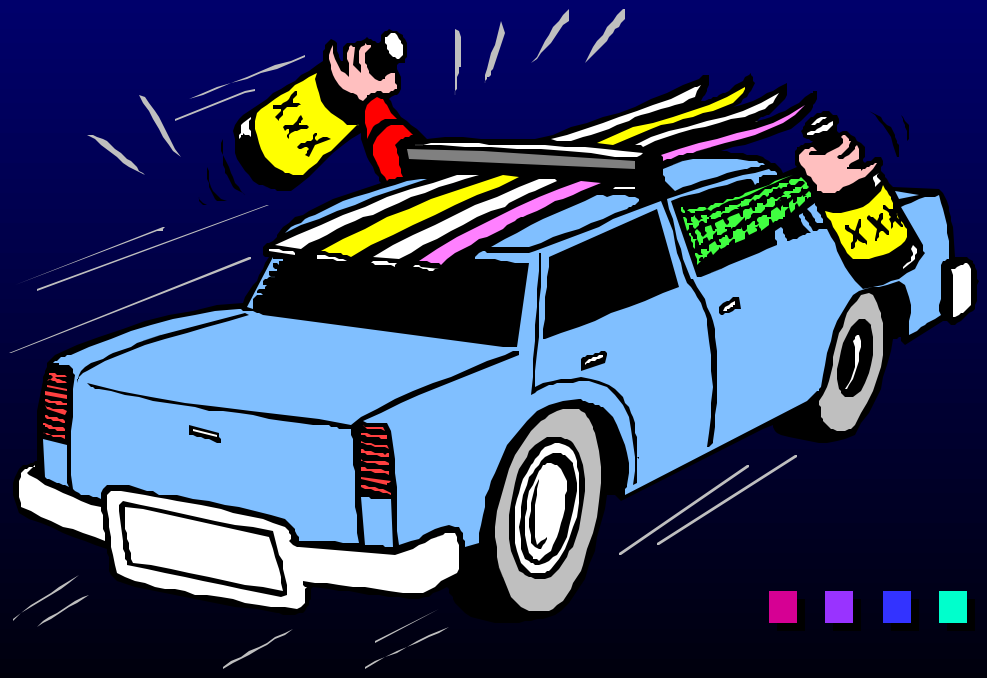
Loss of control (4)

- Great deal of time spent on anticipation/use/recovering
- Important alternative activities reduced or given up

Dependence focus 2:

Adverse consequences (1)

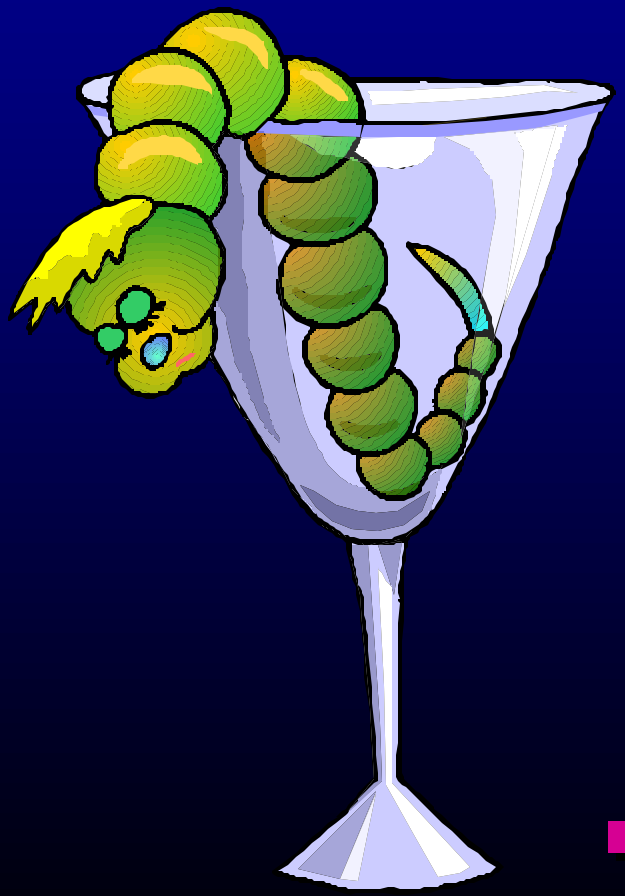
Persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by the substance



Dependence focus 3:

Physiological dependence (2)

- Tolerance
- Withdrawal



Brief Intervention for "At-risk" Drinking

- Health education approach
- State conclusions and concerns
- Discuss options
- Agree on plan
- Follow-up

Brief Intervention:
Health Education Approach

- Matter of fact
- State basis
- Relate to norms/ standards
- Lab values, physical exam

“Mr. Kennedy, although your general health is good, I’m concerned that you are drinking more than is medically healthy. One of your liver tests, the GGT, is elevated, suggesting that your drinking is affecting your liver. Current recommendations are to drink no more than 14 drinks per week, and you are drinking well over 20. If you keep drinking at this rate, you are at risk for future medical problems. I strongly recommend that you quit or cut down on your drinking.”

"Mr. Kennedy, although your general health is good, I'm concerned that you are drinking more than is medically healthy. One of your liver tests, the GGT, is elevated as well, suggesting that your drinking is affecting your liver. Current recommendations are to drink no more than 14 drinks per week, and you are drinking well over 20. If you keep drinking at this [illegible] you are at risk for future medical prob[illegible] recommend that you quit d[illegible] drinking."

Matter of fact, stating basis

Related to standards

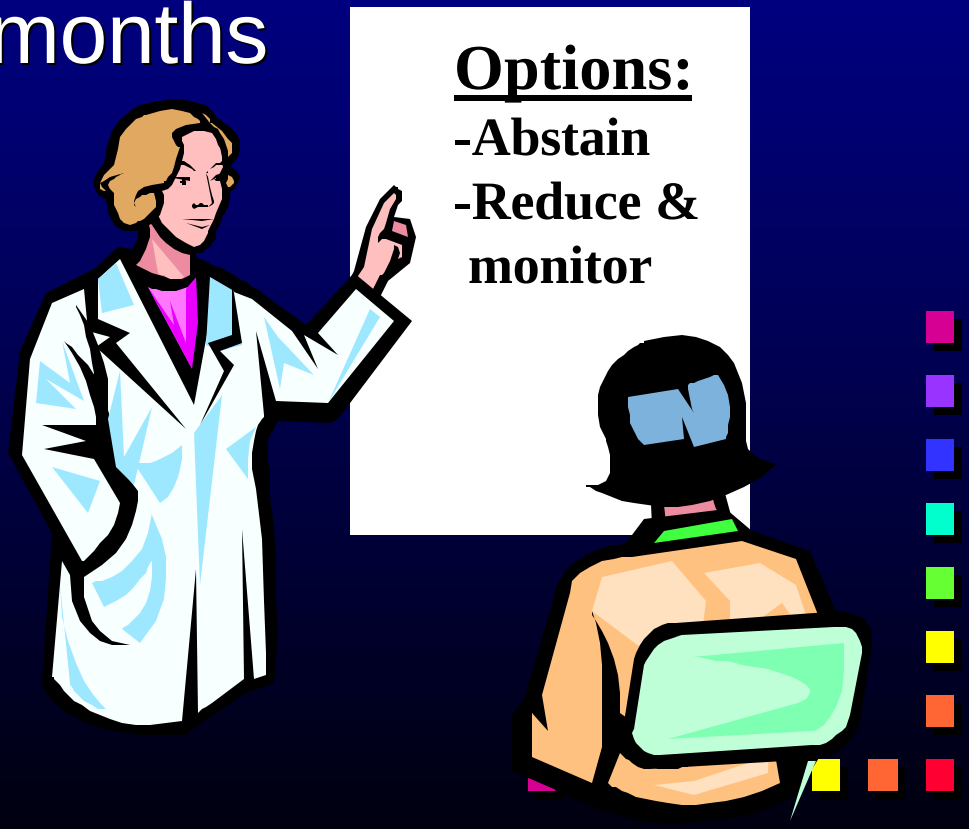
“M…nough your general health is go…ed that you are drinking more tha…healthy. One of your liver tests, the GG… is elevated as well, suggesting that your drinking is affecting your liver. Current recommendations are to drink no more than 14 drinks per week, and you are drinking well over 20. If you keep drinking at this rate, you are at risk for future medical problems. I strongly recommend that you quit or cut down on your drinking.”

Clearly stated conclusions and recommendations

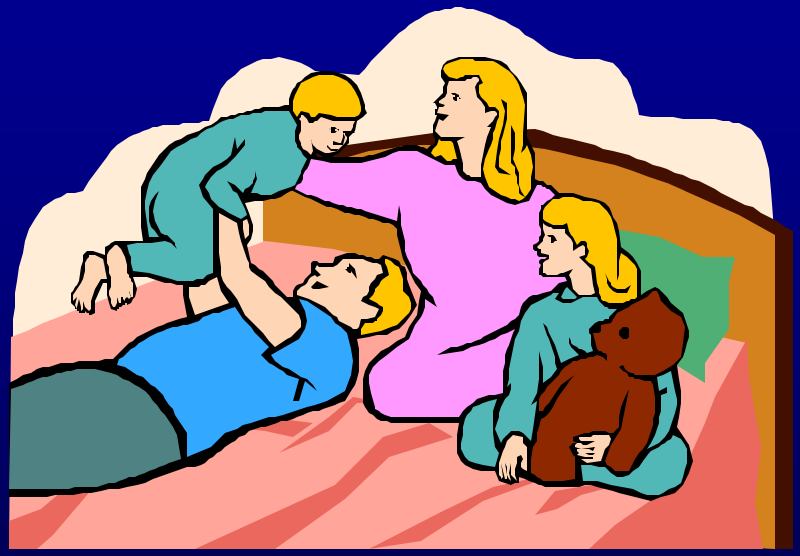
"Mr. Kennedy, although your general health is ... re drinking more ... of your liver ... well, suggesting that your drinking ... ting your liver. Current recommendations ... drink no more than 14 drinks per week, and you are drinking well over 20. If you keep drinking at this rate, you are at risk for future medical problems. I strongly recommend that you quit or cut down on your drinking."

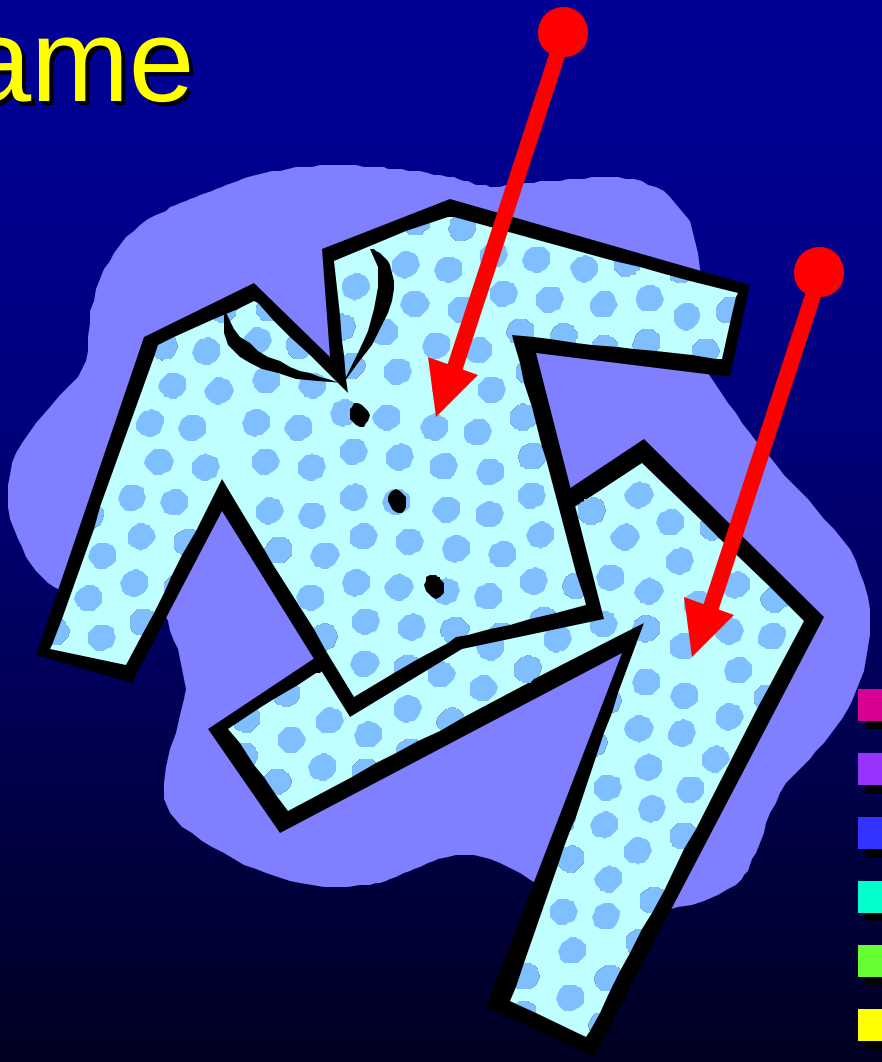
Brief Intervention:
Discuss Options

- Controlled, safe use or
- Abstinence for 2 months then reconsider



The Pajama Game





Brief Intervention:

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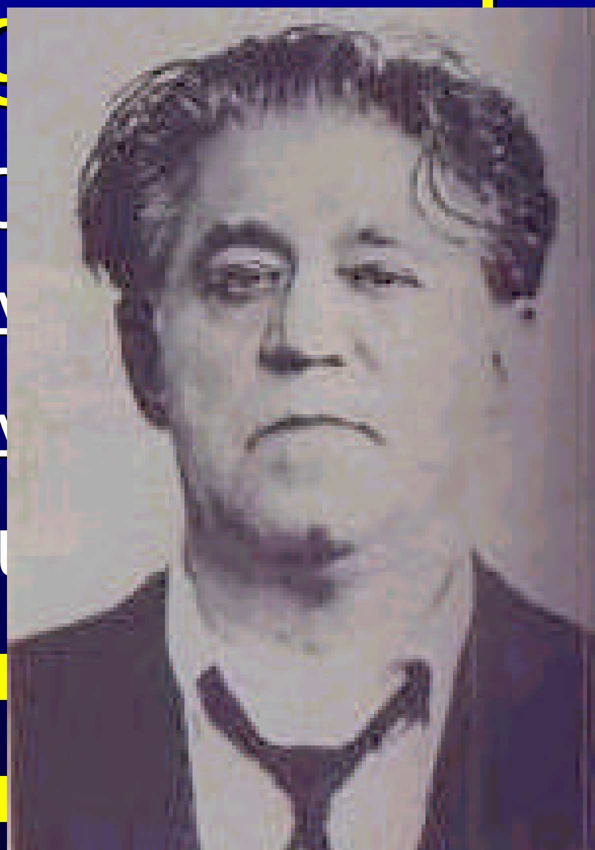


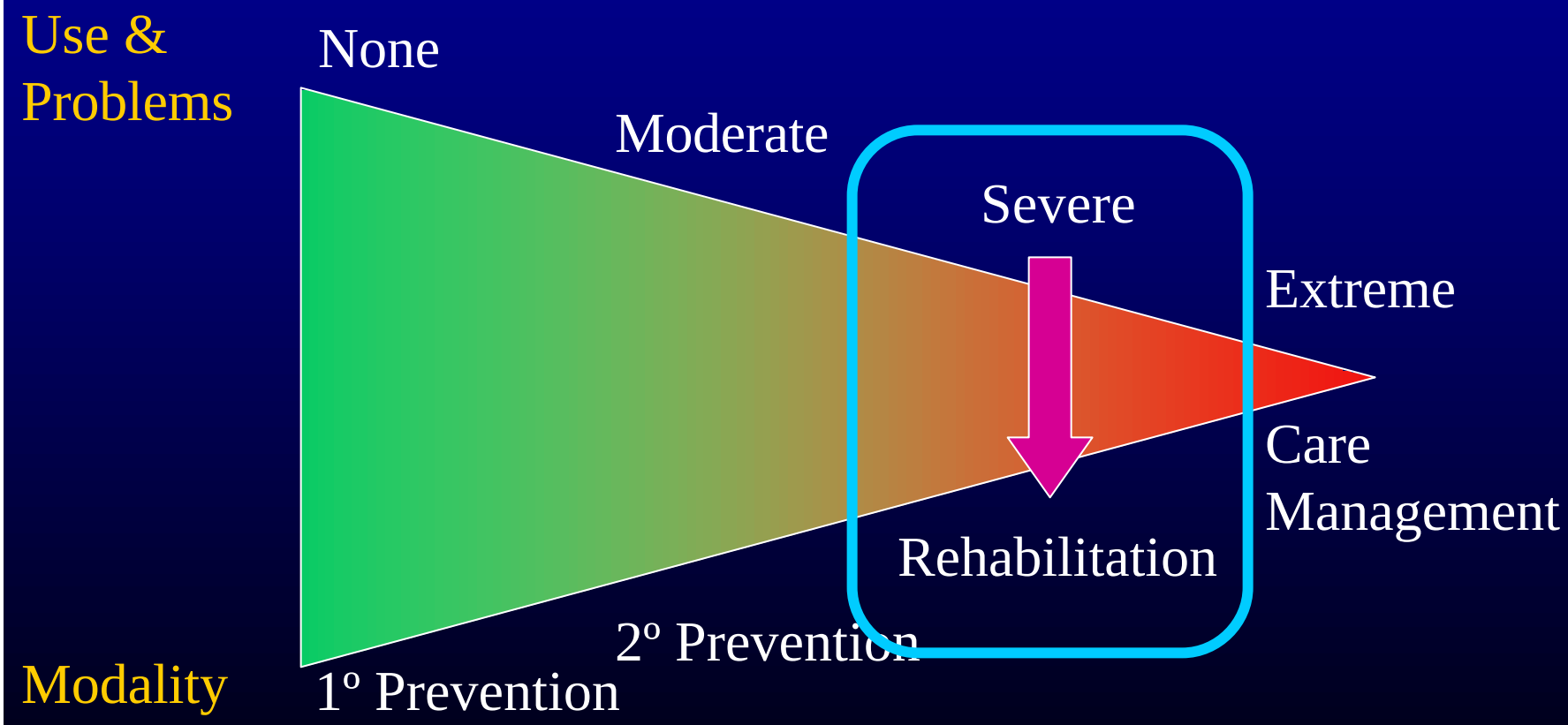
- C ontrolled use
- A se will be recorded
- A ep if cannot fu
  - ment
  -
  - agree to abstain

your cousin Vinny breaks his knees

Brief Intervention:
Follow-up

- 4-6 weeks after first appt.
- Address barriers, supports to plan
- Encourage continuing change
- Second follow-up useful as well, especially if having difficulty

If dependence is present, or if you want consultation:



Rehabilitation-Optimal Goals

- Complete and sustained remission (abstinence) of all SUDs
- Resolution of or significant improvement in most coexisting conditions and health-related quality of life

Rehabilitation-Intermediate Goals

- Partial or temporary remission of SUDs
- Improvement in at least some coexisting conditions and health-related quality of life

Is referral to specialty care rehabilitation indicated?

1. Review:

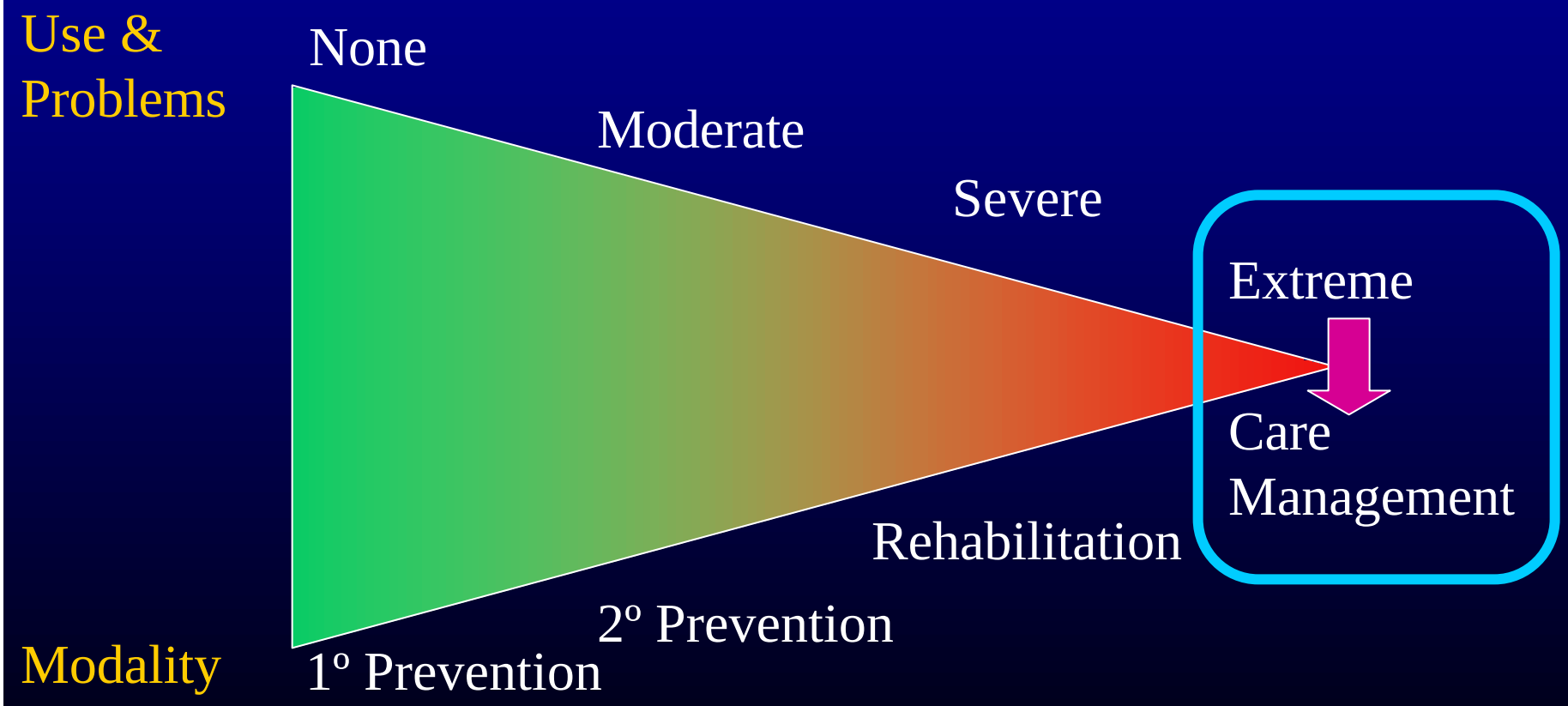
- Past treatment history
- Motivation level & goals
- Ability to participate in rehab
- Match of pt. needs to available programming
- Severity and prognosis of coexisting conditions

2. Care Management is indicated when:

- Refuses referral to rehab but seeks med/psych care
- Serious co-morbidity precluding participation in rehab
- Repeated engagement in rehab w/ minimal response

3. Referral to specialty rehab remains the default action

If dependent and rehab not indicated or possible:



Clinical Harm Reduction

in the Treatment of Complex Problems

or…….

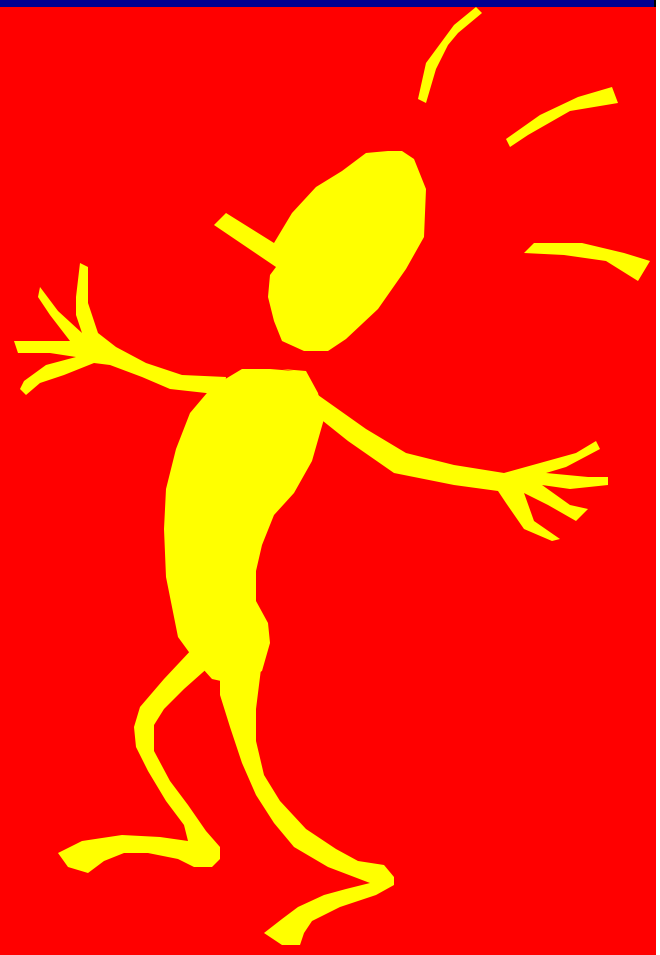
How to not cure anyone

& still accomplish something

& go home happy

What is the problem?

Big News Flash!!!

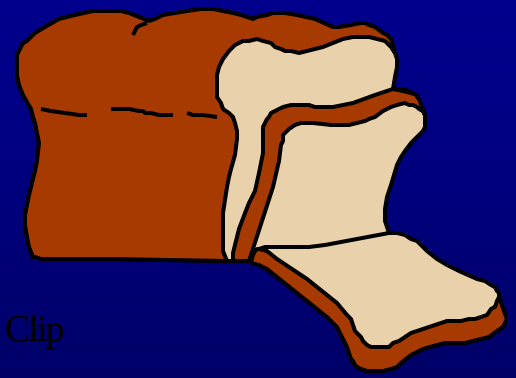


Non-curative care

- Harm reduction: a new word for an ancient approach-palliative care
- Most medical and mental health care is palliative (non-curative)
- The new VA Clinical Practice Guideline for the Management of SUDs uses the term Care Management

In other words, ..

$\frac{1}{2} \times$



Clip

Is better than

1×0

Why is this a problem?

- Initial models of treatment emphasized the need for total and permanent abstinence
- Anything less was a failure
- Any treatment outside of specialized units was considered inadequate or worse (enabling)

The double bind

- Patients have severe problems
- Programs don’t work, won’t accept patients, or patients won’t go
- If clinicians act, they are accused of enabling, or doing too much w/o results
- If clinicians do not act, they are accused of neglect, doing too little

Harm Reduction Rhetoric

- “protects drug abusers from consequences”
- “accommodates addiction”
- promotes “biological victimization”
- “giving up on addicts”
- “Enabling”

Enabler!

Compliance and relapse